

EXHIBIT 9

STATEMENT OF ACCESSORIAL SERVICES PERFORMED (STORAGE-IN-TRANSIT DELIVERY AND REWEIGH)

Form Approved
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The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0022), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.

DISTRIBUTION: 1. ORIGINAL COPY TO CARRIER.

3. ADDITIONAL COPIES MAY BE MADE FOR CARRIER'S USE.

2. COPY TO PROPERTY OWNER.

1. GOVERNMENT BILL OF LADING NUMBER ZY-711231		2. DATE OF PICKUP AT ORIGIN (YYYYMMDD) 04-JUN-2004		13. STORAGE-IN-TRANSIT (SIT)			
3a. NAME OF OWNER (Last, First, Middle Initial) YORK, J.D.		c. RANK OR GRADE MAJ		a. STORED AT (City and State) NEWPORT RI		b. SIT SERVICES WERE PROVIDED AT (X as applicable) <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER	
b. SSN [REDACTED]		5. DESTINATION OF SHIPMENT MIDDLETOWN, RI		c. DATE IN (YYYYMMDD) 16-JUN-04	d. DATE OUT (YYYYMMDD) 16-AUG-04	e. NUMBER OF DAYS 62	f. NET WEIGHT 1185
6a. ORDERING ACTIVITY/ INSTALLATION NAME -Naval Station Newport TX		b. LOCATION NEWPORT RI		g. THIS SHIPMENT WAS ORDERED INTO AND OUT OF SIT ON DATES INDICATED HEREO AND AUTHORIZED BY SIT CONTROL NUMBER: 4168001			
7a. NAME OF CARRIER Day Transfer Comp-any		b. NAME OF AGENT ANDREWS EXPRESS & STORAGE WHESE INC		h. SIGNATURE OF TRANSPORTATION OFFICER CHRISTINA J. VARS DATE (YYYYMMDD) 25-JUN-2004			
8. SIGNATURE OF CARRIER'S REPRESENTATIVE 		9. DATE (YYYYMMDD) 25-JUN-2004		14. REWEIGH CERTIFICATION			
10. CARRIER'S SHIPMENT REFERENCE NO. DT-05-13-04		11. AGENT OR DRIVER CODE		a. ORIGINAL GROSS 58140		b. REWEIGH GROSS	
12. REMARKS ALL UNPACKING AT SHIPPERS REQUEST PERFORMED X				c. ORIGINAL TARE 46290		d. REWEIGH TARE	
				e. ORIGINAL NET 11850		f. REWEIGH NET	
				g. THIS SHIPMENT WAS ORDERED FOR REWEIGH AND SERVICES WERE ACCOMPLISHED AS SHOWN ABOVE			
				(1) SIGNATURE OF TRANSPORTATION OFFICER CHRISTINA J. VARS		(2) DATE (YYYYMMDD) 25-JUN-2004	
				15. ADDITIONAL SERVICES		(1) NUMBER	(2) UNIT PRICE
				a. LABOR - NUMBER OF MANHOURS (Describe services in "Remarks")		none	
				b. PIANO/ORGAN OR EXCESS CARRY SERVICES		none	
				c. OTHER (Describe in "Remarks")		none	
16. CONSIGNEE'S STATEMENT OF DELIVERY AND LOSS OR DAMAGE Notice is hereby given to the carrier to whom this statement of accessorial services performed is surrendered that the shipment was received in condition as shown below and that claim, if any, will be made for the value of such loss and/or damage as indicated.							
a. DESCRIPTION OF LOSS OR DAMAGE						b. ACTUAL OR ESTIMATED WEIGHT	
WILL ADVISE UPON COMPLETION OF UNPACKING & FINAL INSPECTION. SHIPMENT SUFFERED WATER DAMAGE & MOLD & MILDEW IS EVIDENT ON NUMEROUS ITEMS WITH DAMAGE TO FURNITURE & CARTONS.							
17. WAIVER Unpacking and removal of packing material, boxes/cartons, and other debris is hereby waived.				a. INVENTORY NUMBERS		b. SIGNATURE	
18. CERTIFICATION. I have received the property described on this form:				a. FROM (Name of Transportation Company) ANDREWS EXPRESS		b. AT (Actual Point of Delivery) 505 WALCOTT AVE, MIDDLETOWN RI	
				c. SIGNATURE OF CONSIGNEE OR AUTHORIZED AGENT 		d. DATE OF DELIVERY (YYYYMMDD) 20040816	